

Application Data Sheet
Application Information

Application type:: Regular
Subject matter:: Utility
CD-ROM or CD-R:: None
Number of CD disks:: 0
Number of copies of CDs:: 0
Sequence submission?:: No
Computer readable form (CRF)?:: No
Number of copies of CRF:: 0
Title:: ANKLE-FOOT ORTHOSIS
Attorney docket number:: INGI3002/JEK/JJC
Request for early publication?:: No
Request for non-publication?:: No
Suggested drawing figure::
Total drawing sheets:: 6
Small entity?:: No

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Iceland
Status: Full capacity
Given name:: Arni
Middle name:: Thor
Family name:: Ingimundarson
Name suffix::
City of Residence:: Reykjavik
State or province of residence::
Country of residence:: Iceland
Street of mailing address:: Hraunbaer 98

City of mailing address:: Reykjavik

State or province of mailing address::

Country of mailing address:: Iceland

Postal or zip code of mailing address:: 110

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Iceland

Status: Full capacity

Given name:: Orn

Middle name::

Family name:: Olafsson

Name suffix::

City of Residence:: Hafnarfjordur

State or province of residence::

Country of residence:: Iceland

Street of mailing address:: Sudurhvammur 23

City of mailing address:: Hafnarfjordur

State or province of mailing address::

Country of mailing address:: Iceland

Postal or zip code of mailing address:: 220

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Iceland

Status: Full capacity

Given name:: Arinbjorn

Middle name:: Viggo

Family name:: Clausen

Name suffix::

City of Residence:: Reykjavik
State or province of residence::
Country of residence:: Iceland
Street of mailing address:: Heidargerdi 60
City of mailing address:: Reykjavik
State or province of mailing address::
Country of mailing address:: Iceland
Postal or zip code of mailing address:: 108

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Belgium
Status: Full capacity
Given name:: Kim
Middle name:: Peter Viviane
Family name:: De Roy
Name suffix::
City of Residence:: Reykjavik
State or province of residence::
Country of residence:: Iceland
Street of mailing address:: Laufrima 14B
City of mailing address:: Reykjavik
State or province of mailing address::
Country of mailing address:: Iceland
Postal or zip code of mailing address:: 112

Correspondence Information

Correspondence customer number:: 23364
Phone number:: 703-683-0500
Fax number:: 703-683-1080
E-mail address:: mail@baonthomas.com

Representative Information

Representative customer number:: 23364

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	an application claiming benefit under 35 USC 119(e)	60/424,321	11/07/02
This application	National stage of		
This application	Continuation of		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::

Assignee Information

Assignee name::